

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Maternity Support Services Providers
Infant Case Management Providers
Managed Care Plans

Memorandum No.: 04-06 MAA
Issued: February 25, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For Information Call:
1-800-562-6188

**Subject: Maternity Support Services/Infant Case Management – Reimbursement for
Doula Services Discontinued**

<p>Effective for dates of service on and after April 1, 2004, MAA will no longer reimburse providers for Doula services (HCPCS procedure code S5125 with modifier HD) under the Maternity Support Services/Infant Case Management program as explained in this memorandum.</p>

Coverage Changes

Due to federal restrictions, MAA will **no longer reimburse** providers for Doula services (HCPCS procedure code S5125 with modifier HD). MAA began reimbursing providers for Doula services under the new integrated Maternity Support Services/Infant Case Management Billing Instructions, published October 2003. MAA will reimburse providers for Doula services billed using procedure code S5125 with modifier HD for dates of service October 1, 2003 through March 31, 2004. **For dates of service on and after April 1, 2004, MAA will no longer reimburse providers for Doula services.**

Attached are updated replacement pages 3/4, B.3/B.4, and B.11/B.12 for MAA's Maternity Support Services/Infant Case Management Billing Instructions, dated October 2003.

To obtain this numbered memorandum or view MAA's Billing Instructions electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

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Core Services – For the purposes of this program, means the services that provide the framework for interdisciplinary, client-centered Maternity Support Services and Infant Case Management. These services include: Client Risk Screening, Basic Health Messages, Basic Linkages, and Minimum Interventions.

DASA - See ADATSA

Department - The state Department of Social and Health Services [DSHS].
[WAC 388-500-0005]

Department of Health (DOH) – The agency whose mission is to protect and improve the health of people in Washington State.

Doula (Labor Support) – ~~A supportive companion trained and certified to provide physical, emotional, and informational support to women (and their partners) during labor, birth, and postpartum.~~

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) – Means a program providing early and periodic screening, diagnosis and treatment to persons under twenty-one years of age who are eligible for Medicaid.
[WAC 388-500-0005]

EPSDT Provider - (1) A physician, advanced registered nurse practitioner (ARNP), or public health nurse certified as a EPSDT provider; *or* (2) a dentist, dental hygienist, audiologist, optometrist or ophthalmologist who is an enrolled Medical Assistance provider and performs all or one component of the ESPDT screening.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Federal Aid - Matching funds from the federal government received by the state for medical assistance programs.

First Steps - The 1989 Maternity Care Access Act, known as First Steps. This program provides maternity care for pregnant and post-pregnant women and health care for infants. The program is administered jointly by DSHS and DOH. First Steps maternity care consists of obstetrical care, case management, and support services such as community health nursing, nutrition, psychosocial visits, and childbirth education classes. Ancillary services include expedited eligibility determination, case finding, outreach, childcare, and transportation. Specialized substance abuse treatment services, offered through the Omnibus Drug Act, encompass residential and outpatient treatment and transitional housing.

First Steps Childcare – See “Childcare.”

First Steps Consultation Team - The state team consisting of both DSHS and DOH managers plus state staff representing infant case management, the First Steps Clearinghouse, and members of the interdisciplinary team: community health nurse, behavioral health specialist, nutritionist, and health educator. The First Steps Consultation team provides technical assistance to programs and professional disciplines; develops protocols and guidelines for service delivery; monitors (see next page for rest of definition)

data related to service delivery and program outcomes; and make site visits to Integrated MSS/ICM agencies for monitoring purposes.

Home visit – For the purposes of this program, means services delivered in the client’s place of residence or other setting (as in the hospital), if the Maternity Support Services/Infant Case Management provider is not located on the hospital campus. If a visit is not possible, due to an unsafe place of residence or a potential problem with client confidentiality, an alternative site may be billed as a home visit. **NOTE:** The reason for using an alternate site for visitation [instead of the home] must be documented in the client’s record.

Infant Case Management (ICM) – A program that provides enhanced case management service to eligible high-risk infants and their families. Eligibility for ICM may be established at the end of the maternity cycle and up to the baby’s first birthday.

Interagency Agreement – A written letter of agreement between two agencies for the exchange of referrals or service provision (e.g., a written agreement in letter format that agrees to an exchange of referrals or services for MSS/ICM clients).

Interdisciplinary Team – Members from different professions and occupations that work closely together and communicate frequently to optimize care for the client (pregnant women and infant). Each team member contributes their knowledge, skill set, and experience to support and augment the contributions of their team members.

Linkages – Networking and/or collaboration between agencies in order to assure proper referral of clients and avoid duplication of services.

Local match - Nonfederal funds provided by local entities to match the federal Title XIX funds provided for a given program.

Managed care – A comprehensive system of medical and health care delivery including preventive, primary specialty, and ancillary health services. These services are provided through a managed care organization (MCO) or primary care case management (PCCM) provider. [WAC 388-538-050]

Maternal and Infant Health (MIH) - A section within the state Department of Health. MIH works collaboratively with DSHS to provide clinical consultation, oversight and monitoring of the Integrated Maternity Support Services / Infant Case Management program.

Maternity Support Services (MSS) – Preventative health services for pregnant/postpregnant-women including: professional observation, assessment, education, intervention, and counseling. The services are provided by an interdisciplinary team consisting of at minimum, a community health nurse, a nutritionist, and a behavioral health specialist. Optional members of the team are community health workers working under the direction of a professional member of the team ~~and doulas~~.

Maternity cycle – Eligibility period for Maternity Support Services which begins during pregnancy and continues to the end of the month in which the 60 days post pregnancy occurs.

Who is eligible for integrated MSS?

To be eligible for integrated MSS, a client must:

- Be pregnant or within 60 days postpregnancy; and
- Present a DSHS Medical Identification (ID) card with one of the following identifiers:

Medical Program Identifier	Medical Program
CNP	Categorically Needy Program
CNP Children's Health	Categorically Needy Program - Children's Health
CNP – CHIP	Categorically Needy Program - Children's Health Insurance Program
CNP-Emergency Medical Only	Categorically Needy Program- Emergency Medical Only



Note: If the client is pregnant but her card does not list one of the above medical program identifiers, please refer her to the local Community Services Office (CSO) to be evaluated for a possible change in her medical assistance program that would enable her to receive full scope maternity care.

Are clients enrolled in an MAA managed care plan eligible for integrated MSS?

Yes! Clients who are enrolled in an MAA managed care plan are eligible for MSS outside their plan. MAA reimburses for integrated MSS/ICM through its fee-for-service system. Coverage and billing guidelines found in these billing instructions apply to managed care clients. **Bill MAA directly.** Clients who are enrolled in an MAA managed care plan will have an “HMO” identifier in the HMO column on their DSHS Medical ID cards.

How long is a client eligible for integrated MSS?

Eligible clients may receive integrated MSS during pregnancy and through the postpregnancy period (the last day of the month from the 60th day after the pregnancy ends). Services will be offered during the maternity cycle as long as there is a demonstrated need based on the core services and minimal interventions. Refer to your Provider Application Packet for detailed information on Core Services.

What is covered for integrated MSS?

MAA covers the following services for integrated MSS:

- Community health nursing visits;
- Nutrition visits;
- Behavioral health visits; and
- Community health worker visits. ~~and~~
- ~~Doula visits.*~~

* Effective for claims with dates of service on and after April 1, 2004, MAA will no longer reimburse providers for Doula services.

MAA will reimburse MSS providers on a fee-for-service basis for the above services only when the services are:

- Documented in the client's record;
- Provided in a face-to-face encounter;
- Delivered by a qualified staff person acting within their area of expertise; and
- Only when used for the purposes of the integrated MSS program to:
 - ✓ Provide risk screening (see page B.7);
 - ✓ Deliver basic health messages;
 - ✓ Provide interventions based on identified risk factors;
 - ✓ Provide referral and linkages to other services; or
 - ✓ Provide family planning screening.

Billing for integrated MSS

- **Bill MAA using the mother's Patient Identification Code (PIC) found on the DSHS Medical Identification Card.**
- MSS providers must have an individual face-to-face contact with the pregnant/postpregnancy client before billing any of the integrated MSS/ICM services in the fee schedule, **except** the Family Planning Performance Measure (procedure code T1023 with modifier HD). **The Family Planning Performance Measure billing is not included in the maximum of 60 units.**
- An initial face-to-face visit may be billed to MAA without a signed consent form if the client refuses further services as long as this is documented in the chart. Only services provided to the pregnant/postpregnancy woman may be billed.
- Travel, charting, and phone calls are included in the reimbursement of each MSS procedure code.
- Community health nursing visits, nutrition visits, behavioral health visits, and community health worker visits, ~~and Doula visits~~ are subject to the following ***limitations per client***:
- If the mother becomes pregnant again within 12 months from the previous pregnancy, enter the new "Due Date" in field 19 on the HCFA-1500 claim form for new MSS services. This "resets" the claims processing clock for the new pregnancy.
- One **unit** equals **15 minutes**
 - ✓ A minimum of 2 units must be provided per day for billed home visits;
 - ✓ A maximum of 6 units may be billed per day for any combination of office and/or home visits; and
 - ✓ A maximum of 60 units from all disciplines combined may be billed for office and/or home visits over the maternity cycle (pregnancy through two months post pregnancy).
 - ~~and~~
 - ~~✓ A maximum of 18 units may be billed for Doula visits over the maternity cycle (Doula visits count towards the maximum of 60 units).~~

Fee Schedule for Integrated Maternity Support Services

Effective for dates of service on and after October 1, 2003

Use the most appropriate diagnosis code (such as V22.2), when billing for the following procedure codes:

Procedure Code/ Modifier	HCPCS Description	Old State-Unique Code Description	Office Visit	Home Visit
T1002 HD	RN services, up to 15 minutes 1 unit = 15 minutes	MSS Community Health Nursing Visit	\$17.50	\$ 30.00
S9470 HD	Nutritional Counseling, dietician visit 1 unit = 15 minutes	MSS Nutrition Visit	\$17.50	\$ 30.00
96152 HD	Intervene hlth/behave, indiv 1 unit = 15 minutes	Psychosocial Visit	\$17.50	\$30.00
T1019 HD	Personal Care Services, per 15 minutes (Community Health Worker) Not in a hospital 1 unit = 15 minutes	Community Health Worker Visit	\$9.00	\$15.00
S5125 HD	Attendant Care Services, per 15 minutes [Doula] 1 unit = 15 minutes*	N/A	\$9.00	\$15.00 (home or hospital visits)

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